

CareMatch and JARVIS CISR Module – Things Provider Staff Need to Know for July 1, 2017

CareMatch

CareMatch goes live for CISR and RRTS program applications the morning of July 1, 2017. The CareMatch site can be accessed at <https://IAchildwelfare.carematchweb.com>.

The following is pertinent information for providers as we bring CareMatch online.

1. When first logging into CareMatch after it has gone live, provider staff added to the system prior to 7/1/17 should enter their first and last name in lower case letters with a period inserted between as their User Id (e.g., **matt.haynes**) and click on “Forgot Your Password?”. An email will be generated by the system within a couple of minutes instructing staff how to finish setting up their CareMatch account.



User id:
Password:
[Forgot Your Password?](#)

2. Contact the DHS CWIS Help Desk (cwishelp@dhs.state.ia.us) if the system goes down, provider information needs to be updated (bed capacity, referral contact information, etc.), if a provider user needs to be added or deleted, or if there are problems accessing the system.
3. Start inputting current Diversion, Shelter Care, and Group Care cases into CareMatch as soon as possible after the system goes live, having all current cases entered by no later than EOD Monday 7/3/2017.
4. When completing CareMatch entries for CISR programs, all fields need to be filled out as fully as possible. If information is not initially available, make efforts to gather it and input it as soon as possible.
5. Referrals for Group Care will be made via email using the FGCS Referral Form. Any referral initiated first by email will be immediately followed by a courtesy phone call from the referring worker to the provider alerting them to the emailed information. For all referrals made to Diversion, Shelter, and Group Care, the provider should send an email to the referring worker verifying receipt of the referral and indicating whether or not the referral was accepted for services/placement.
6. Referrals for Shelter and Group Care placement should only be entered into CareMatch if there is an open bed available.
7. Dates/times for all Diversion, Shelter Care, and Group Care referrals, admissions, and discharges must be entered into the system within one hour - the intent is for CareMatch to be as real-time as possible.
8. In the event a referral is not admitted as agreed upon by the DHS/JCS worker and provider, the Notes section should be used to thoroughly document the reasons why.
9. The entry of a date and time into the “Service Start/Admission Date” field will subtract a Shelter bed from the provider’s available Shelter bed count. The entry of a date into the “Referral Accepted Date/Time” field will subtract a Group Care bed from the provider’s available Group Care bed count. The entry of a date into the

“Service End/Discharge Date” field will add a bed back to the provider’s available bed count for both Shelter and Group Care.

10. The date and time a referral is first emailed or first called in (as might be the case with Diversion or Shelter) should be the date and time entered into the “Referral Date and Time” field in CareMatch.
11. The date a Diversion bed stay exceeds 47 hours should be considered the “Service End/Discharge Date” for Diversion and the “Service Start/Admission Date” for the new Shelter placement entry.
12. The “Service Start/Admission Date” for Shelter and Group Care placements should reflect when the child physically arrives to the facility for placement.
13. The “Service End/Discharge Date” for Shelter and Group Care placements should reflect when the bed is open for placement for another youth. For example, a youth goes on run from Shelter on 7/1/2017, their whereabouts remain unknown for 24 hours, and subsequently the provider considers the youth discharged after the 24 hour period. The date of 7/2/2017 should be entered as the “Service End/Discharge Date” in this scenario, not 7/1/2017 when the youth first ran from the Shelter.
14. Scenario: A provider offers both Guaranteed and Non-Guaranteed beds. All of the Guaranteed beds are occupied and multiple Non-Guaranteed beds are occupied as well. When a youth is discharged from one of the Guaranteed beds, the youth who has been in a Non-Guaranteed bed the longest should be shifted into the vacated Guaranteed bed. That is, the first one into a Non-Guaranteed bed is the first one out of the Non-guaranteed bed when a Guaranteed bed becomes available. A contractor should never have a vacant Guaranteed bed when there are youth placed in its Non-Guaranteed beds. This applies to equally to both Shelter and Group Care bed use.
15. Practice questions related to the use of CareMatch should be forwarded to the Department per the Q&A protocol.

JARVIS CISR Module

The JARVIS CISR Module will be replacing the Child Welfare Emergency Services/Group Care online application and goes live the morning of July 1, 2017, accessed at https://secureapp.dhs.state.ia.us/cwis_jarvis/. The Child Welfare Emergency Services/Group Care application will be taken offline and made inaccessible to providers.

The following is pertinent information for providers as we bring the JARVIS CISR Module online.

1. All current Child Welfare Emergency Services/Group Care online application users will be seamlessly provided access to the CISR Module, just click on the URL link provided above and go.
2. Contact the DHS CWIS Help Desk (cwishelp@dhs.state.ia.us) if the system goes down, if a provider user needs to be added or deleted, or if there are problems accessing the system.